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## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

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**CASE HISTORIES.**—Van Shack (continued from page 726, May JOURNAL). The father has never been a patient. He is a sober, hard-working, industrious man, doing his best to care for his children and pay for his home. During this entire period of one illness after another, the family has been in the hands of a good physician, is living in its own house, which is well situated, well kept, well ventilated. The children are all anaemic and under-weight, but the many illnesses of the mother and her inability to give each child personal attention easily explain this condition. This is a typical case of recurrent illness in a family of small income, due to misfortune rather than to bad management. The mother, when well, is a careful housekeeper; the diet of the children is nourishing but not particularly varied; the diseases, pneumonia, measles, chickenpox and scarlet fever, from which the different children have suffered, are all infectious diseases to be avoided if possible, but also to be anticipated in childhood. In addition to the mother's tonsillectomy, two of the children have had their tonsils removed and the third child's may be removed later, but the doctor does not advise it at present. The expense to which this father has been put is surely an excellent argument for state health insurance, provided the dependents of the wage-earner come in for its benefits. But could any system of state health insurance have provided these patients with as good medical and surgical care as they have received? It is interesting to note that in spite of the fact that free dispensary service has been secured three times and free visiting nurse service has been given twenty-two times, the family has never received any material relief nor has it ever been registered with any other agency. In spite of the serious illnesses of the mother, the father has managed to keep his home and children together and to keep his head above water.

**Sarah C.** The following case illustrates the difficulty of handling with ease and dispatch a certain type of chronic patient for whom institutional care might at first sight, be indicated. The patient, Sarah

C., is a widow, 60 years old, born in England, living with her daughter-in-law, Mrs. A., who supports herself and her mother by going out washing. The daughter-in-law is also a widow. Mrs. C. has been registered by the Visiting Nurse Association through the Social Service Registration Bureau twenty-one times since November 6, 1911. (As all of the calls for the county physicians, who are also the free physicians of Chicago, are automatically sent to us, some of these registrations were made when the case was still open on our books.) In addition to the Visiting Nurse Association and the County Relieving Agency, Mrs. C. is registered with the W—— Memorial Hospital, where she has received both ward and dispensary treatment, and with the United Charities. The record of the latter agency dates from April, 1912 and shows that the case was largely a medical one. In fact, it was first reported when the daughter-in-law was temporarily out of work. The material relief given since then totals only \$4.00, with the addition of an abdominal binder given in 1913. The Visiting Nurse Association has had the patient with the following diagnoses: gastritis, cancer, hernia, influenza, "cold," gall stones, bronchitis, "stomach trouble," and floating kidney, having made ninety-four visits in a little over five years. During this period the patient has been operated upon for hernia and also, later, for gall-stones. She has had minor illnesses during these five years, but most of her trouble seems to be recurrent gall-stone attacks. The visiting nurse has not seen the patient in one of these attacks, the county physician has not seen her in one, and we have had to take the patient's and the daughter-in-law's statement that they were most severe but always short. Eight times during this period the case was re-opened, when only one call from a visiting nurse was necessary. At each of these visits we discovered that the attack was passed and that there was absolutely nothing more that we could do for the patient, for the daughter-in-law gave very good care and the severity of the attack had always subsided before the call came to us. The call always came to us through the county agent's office rather than directly from the daughter-in-law, although both patient and daughter-in-law knew how to telephone the sub-station and the main office for a nurse when other conditions made nursing care necessary. In addition to the ninety-four visits which we have made in this home, we have twice secured dispensary and hospital care. The largest number of visits made in any one period was thirty-five. We have given the patient general nursing care, surgical care, and have made visits when there was apparently nothing for us to do. Although the patient is somewhat broken in health, she is able to get down to the dispensary and has also been taken by us to

the office of a specialist who after giving her a very thorough physical examination, said that the scars of her two incisions and her general appearance showed that she had received the best of surgical treatment, and that he thought a neurotic element was back of the frequent and severe gall-stone attacks. This physician would not advise the patient's returning to the hospital unless willing to go in for observation, when, if her stories of the attacks proved true, further surgical treatment would probably be necessary. This, however, the patient was most unwilling to do, consequently we are treating her when called and are doing nothing further for her in the meantime. This is a very fair sample of a chronic case constantly on and off our books, for whom little can be done except during acute periods, but who, nevertheless, has required a good deal of time and thought and who has received the best of surgical and medical attention. This patient could not have been given more thorough examinations or better treatment had she been able to pay for the services rendered. On the other hand, she is not a patient who would in any way come under health insurance provisions, for she has not worked for years and her daughter-in-law's work, although sufficient to support both patients, is irregular in character. In this case, with the exception of the small amount of material relief above mentioned, medical relief was the only service needed. That has been given unstintedly, but it has not been possible to restore the patient to more than a fair degree of health. There is no reason why she should go into an institution; the daughter-in-law is not only able but eager to keep the mother with her and the patient is in noway neglected.

Jones, Tom and Annie. The following illustrates the failure of many efforts to regenerate a fairly hopeless and, unfortunately, not too uncommon type of family. This is a family registered with the United Charities, the Juvenile Court, the Infant Welfare Society, three dispensaries, the County Agent, and the Visiting Nurse Association. The Visiting Nurse Association has known the family since 1911, twenty registrations having been made. The mother is a case of chronic arthritis, by no means helpless; the call is sent in to us whenever she sends for the county doctor. The physician has occasionally left aspirin for the patient's treatment, she is the type of woman who would much rather send a call in to the county doctor than attend a near-by dispensary. The county physicians rarely call more than once on this type of case, sometimes medical attention is refused when dispensary care is obviously indicated and easy to obtain, but the mother still sends in the call whenever she has a recurring attack. The father has nephritis, probably due to alcoholism. One child of sixteen has had

eye trouble repeatedly. Delicate daily treatments and the use of spectacles were indicated and advised, but it was most difficult to get any help from the parents in our care of this child; dispensary orders were never carried out except by ourselves. Now that the youngster is old enough to be reasoned with, we have even less success than we formerly had. We have cared for the mother during one pregnancy, during one acute attack of arthritis, and have cared for practically every one of the six children at various times, the diagnoses being "defective vision," tonsillitis, pneumonia, "cardiac trouble," "cold," bronchial pneumonia. Probably one reason for our lack of success in securing better coöperation from the family is due to the fact that we sent one little pneumonia child to the hospital, where it died. The mother believes that she could have saved the child, although when we visited it, we found the family living in a dirty, neglected house, the basement being flooded with water. A worse place in which to treat a desperately sick pneumonia case could hardly be imagined. We reported conditions to the Health Department, the house was immediately condemned and the family requested to move. This it did, but it has never forgiven the Visiting Nurse Association for causing it so much trouble and for having sent the child to the hospital. We have several times taken the case up with one of the courts, but every time the father has just got a job and both he and the mother can present such pathetic pictures of regret for past failures and can make such earnest promises of better work in the future, that unfortunately the case is put on probation. Whenever we have tried to make our services dependent upon better assistance on the part of the mother, she has decided that the patient was not ill enough to need our attention. Whenever relieving agencies have made their help dependent upon the same condition, the father has secured a job or has gone into debt, either of which he seems equally able to do, although he is almost a chronic invalid himself. The parents are very ignorant, happy-go-lucky, alien Americans; the children are growing, not being brought, up; and each new nurse or worker who is called in wonders how the case can have been in the hands of so many agencies, including our own, for so long a period with so little apparent result. We believe that we have kept the family from growing much worse, we can see that some of our work with the children is bearing fruit, but to the eyes of a new visitor, the work of many agencies on this one family seems woefully inadequate.